

CUSTOMER NO.: 24498  
Attorney Docket No. RCA88783  
Date of Decision on Petition: 2/17/2009

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APR 17 2009

**IN THE UNITED STATES PATENT & TRADEMARK OFFICE**

Applicants: ESKICIOGLU, Ahmet Mursit, et al.  
Serial No.: 09/581,064  
Filed: October 7, 2002  
Title: CONDITIONAL ACCESS SYSTEM FOR DIGITAL  
RECEIVERS  
Group Art Unit: 2135  
Examiner: PATEL, Nirav B.

**RENEWED PETITION UNDER 37 CFR 1.137(b)**

Mail Stop Petitions  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the Decision on Petition dated February 17, 2009  
dismissing the Petition for Revival under 37 CFR 1.137(b) filed on January 6,  
2009, Applicants hereby submit the following Renewed Petition under 37 CFR  
1.137(b). The Petition filed January 6, 2009, was dismissed for failure to  
include an indication that the Petition was signed by a registered attorney.  
Applicants hereby submit a corrected Petition that includes the registration  
number of the undersigned, a response to the final rejection and a Request  
for Continued Examination.

CERTIFICATE OF TRANSMISSION	
I hereby certify that this correspondence is being faxed to the United States Patent & Trademark Office, fax # 571-273-8300, Mail Stop: Petition on:	
Date <u>4-17-09</u>	<u>Fideliz Romero</u> Fideliz Romero

- 1 -

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It is believed that there are no further fees due with regard to this filing,  
however, if a fee is due, please charge the cost to Applicants' Deposit  
Account No. 07-0832.

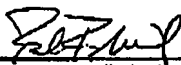
Respectfully submitted,

Ahmet Mursit Eskicioglu, et al.

Date:

4/17/09  
4/15/09 PM

By:

  
Paul P. Kiel, Attorney  
Registration No. 40,677  
(609) 734 - 6815

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: <u>7-1-09</u>		2 Serial/Patent # <u>09/581,064</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
		6 AMOUNT	
<input type="checkbox"/>	Filing		\$
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input checked="" type="checkbox"/>	Petition		4/17/09 \$ 1,620
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
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		\$ 1,620	
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		<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <u>07--0832</u>	
<input type="checkbox"/>	Overpayment		
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<input checked="" type="checkbox"/>	No Fee Due (Explanation):	<u>Petition fee was paid on 1/7/09. No fee due for renewed petition.</u>	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Kimberly Inabinet</u>		TITLE: <u>Petitions Examiner</u>	
SIGNATURE: <u>Kimberly Inabinet</u>		PHONE: <u>x24618</u>	
OFFICE: <u>Office of Petitions</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>CKH/KK</u>		DATE: <u>7/14/09</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: